



Report Identification Number: BU-20-006

Prepared by: New York State Office of Children & Family Services

Issue Date: Apr 24, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 16 year(s)

Jurisdiction: Chautauqua
Gender: Female

Date of Death: 02/22/2020
Initial Date OCFS Notified: 02/26/2020

Presenting Information

An SCR report was received on 2/20/20 alleging that the 16-year-old child had severe asthma. The child was referred to specialist that the mother then failed to follow through with. The mother also smoked cigarettes in the presence of the child, knowing the secondhand smoke exacerbated the child's asthma. On 2/20/20, around 5:00AM, the child suffered a severe asthma attack that led her into cardiac arrest twice and the child's death was imminent. The child was taken off life support and passed away on 2/22/20. The lack of medical treatment and the on-going exposure to secondhand smoke contributed to the child's condition. A subsequent report was made on 2/27/20. The subsequent report stated that the child had severe asthma. The mother and the stepfather were aware the child was allergic to pet dander and kept ten cats, ten rabbits, guinea pigs and hamsters in the home. The report also concerned the 6-year-old sibling that also had asthma and pet allergies, and was prescribed medication

Executive Summary

This fatality report concerns the death of the 16-year-old female child that occurred on 2/22/20. The child had severe asthma, suffered an asthma attack, and went into cardiac arrest. The child was placed on life support to allow the father to travel to New York from out of state before her death. The child was taken off life support on 2/22/20, and the child passed away. A subsequent report was received on 2/27/20 regarding the child's death, the condition of the home, and learning of historical concerns regarding the child's severe asthma. There were two siblings, ages 4 and 6 years who resided in the home. Their safety was assessed throughout the investigation.

Chautauqua County Department of Social Services (CCDSS) initiated their investigation on 2/20/20. During the investigation it was discovered that the child had a history of severe asthma attacks and anxiety. The child was also allergic to cats, rabbits and cigarette smoke. In the home there were 10 rabbits, 5 cats, guinea pigs and hamsters, and the mother and stepfather smoked cigarettes. The home was observed to not smell of smoke and the animals were well cared for. There was no autopsy performed as the cause of death was cardiac arrest brought on by the child's asthma attack.

The child's primary medical care providers were aware the home had pets. The providers were not aware of the number of animals the family had in the home. Medical providers identified concerns that the number of animals in the home exacerbated the child's allergies, which in turn would have exacerbated her asthmatic symptoms. The child administered her medications independently, and it was unknown if the child took allergy and asthma medication as prescribed. The child was referred to a pulmonologist for treatment. The mother failed to bring the child to scheduled pulmonology appointments and the child was discharged from the practice. The child's asthma was being monitored by her primary care providers with the goal of having her transfer to a new pulmonologist.

CCDSS reviewed the medical records for the surviving siblings. It was learned through the review of the records that the 6-year-old surviving sibling had a history of asthma attacks that required emergency interventions and was allergic to cats. Upon learning of the number of animals in the home, the primary care providers expressed concerns for the 6-year-old sibling's health in the home with the animals. The family rehomed their pets following CCDSS intervention. Additional allergy testing for the 6-year-old and 4-year-old surviving siblings was scheduled to occur.

The allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality were substantiated for the mother and stepfather for the 16-year-old. The allegations of Inadequate Guardianship and Lack of Medical Care were



substantiated for the mother and stepfather for the 6-year-old sibling. The family was offered services and a prevention case was opened to monitor and provide services related to the medical concerns of the surviving children.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

CCDSS made an appropriate decision to close their investigation into the fatality. A long term case was opened to continue to work with the family to address identified concerns in the home.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/22/2020

Time of Death: 05:15 AM (Approximate)

Date of fatal incident, if different than date of death:

02/20/2020

Time of fatal incident, if different than time of death:

05:00 AM



County where fatality incident occurred: Chautauqua

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	16 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	41 Year(s)
Other Household 1	Father	No Role	Male	47 Year(s)
Other Household 2	Other Adult - Father to sibling	No Role	Male	61 Year(s)

LDSS Response

Upon receipt of the report on 2/20/20, Chautauqua County Department of Social Services (CCDSS) initiated their investigation into the fatal incident by speaking with the source and interviewing the family. The SC was placed on life support after an asthma attack led to cardiac arrest in the early morning. CCDSS met with the SM in the hospital. The SM identified that the SC had contacted her from downstairs by phone and identified having an asthma attack. The SM responded, contacted 911 and attempted to perform CPR. EMS responded to the home and the child went into cardiac arrest. The SC was transported to the hospital, again entered cardiac arrest en route and was revived a second time. The SC was placed on life support on 2/20/20 to allow the BF to travel to New York from his home out of state. On 2/22/20, the SC was taken off life support and passed away in the hospital.

The SM was interviewed by CCDSS at the hospital and she denied the allegations in the report. The SM denied smoking cigarettes in the presence of the SC and stated that she and the parent substitute (PS) smoked cigarettes outside of the home. The SM identified that there were animals in the home and that the medical providers were aware of the family's pets. The SM also identified the SC was home schooled and administered her medications independently.

The PS was interviewed in the home. The PS confirmed that the SC had called her mother on the phone, and that they



responded to the SC's bedroom downstairs and called 911 for help. The PS denied smoking cigarettes inside the home. The CW noted that the home did not smell of cigarettes. The CW photographed the home, including the bedrooms of each child, and the room that housed the family's pet rabbits, hamsters, and guinea pigs. The animals appeared to be well cared for and the cages were generally clean.

The SC's primary care providers were interviewed by phone and provided medical records to CCDSS. Upon learning of the number of animals in the home, medical providers were concerned for the health and safety of the 6-year-old SS. The SS was also allergic to cats and had a history of asthma attacks requiring emergency interventions. CCDSS met with the family upon speaking with the medical providers and being informed of the concerns for the 6-year-old SS in the home with the animals. A safety plan was made with the family to have the 6-year-old SS stay with a grandparent while the pets were rehomed.

The surviving siblings were interviewed and assessed to be safe but were unable to provide any information regarding the death. The biological father of the 6-year-old sibling was contacted and expressed no concerns for his child in the care of the SM. The PS was the biological father to the 4-year-old child.

CCDSS made the decision to substantiate the allegations of Inadequate Guardianship, Lack of Medical Care and DOA/Fatality for the PS and the SM regarding the SC and allegations of Inadequate Guardianship for the SM and the PS regarding the 6-year-old surviving sibling. There were no allegations made regarding the 4-year-old sibling. The investigation by CCDSS determined that the SM did not follow through with scheduled appointments with medical specialists, she kept animals in the home the SC was allergic to, and allowed the SC to administer her own medication. The 6-year-old SS was also allergic to the animals in the home and the SM was not administering the child's medication as prescribed. Additional allergy testing was ordered for both surviving siblings. LE closed out their investigation without any criminal charges. A long-term case has been opened to continue to provide services to the family and monitor the medical needs of the children.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053421 - Deceased Child, Female, 16 Year(s)	053447 - Mother, Female, 36 Year(s)	DOA / Fatality	Substantiated
053421 - Deceased Child, Female, 16 Year(s)	053447 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
053421 - Deceased Child, Female, 16 Year(s)	053447 - Mother, Female, 36 Year(s)	Lack of Medical Care	Substantiated



053421 - Deceased Child, Female, 16 Year(s)	053423 - Stepfather, Male, 41 Year(s)	DOA / Fatality	Substantiated
053421 - Deceased Child, Female, 16 Year(s)	053423 - Stepfather, Male, 41 Year(s)	Inadequate Guardianship	Substantiated
053421 - Deceased Child, Female, 16 Year(s)	053423 - Stepfather, Male, 41 Year(s)	Lack of Medical Care	Substantiated
053424 - Sibling, Female, 6 Year(s)	053447 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
053424 - Sibling, Female, 6 Year(s)	053447 - Mother, Female, 36 Year(s)	Lack of Medical Care	Substantiated
053424 - Sibling, Female, 6 Year(s)	053423 - Stepfather, Male, 41 Year(s)	Inadequate Guardianship	Substantiated
053424 - Sibling, Female, 6 Year(s)	053423 - Stepfather, Male, 41 Year(s)	Lack of Medical Care	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Some services were offered to and declined by the family. A long term case was opened on behalf of the family to monitor medical needs are met for the siblings and provide additional services as needed.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality



Child Fatality Report

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

A long term case was opened to monitor the medical needs of the 6-year-old surviving sibling and the needs of the family.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality



There is no CPS investigative history in NYS within three years prior to the fatality.

CPS - Investigative History More Than Three Years Prior to the Fatality

There is no history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No